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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
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Washington, DC 20231**

Attorney Docket No.	KSR-10082/05
First Named Inventor	Larry G. Willemssen
Original Patent Number	6,453,767
Original Patent Issue Date (Month/Day/Year)	Sep. 24, 2002
Express Mail Label No.	EV 339612850 US

APPLICATION FOR REISSUE OF:

(Check applicable)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: _____

2241 U.S. PTO 10/615553

07/08/03

18. CORRESPONDENCE ADDRESS



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NAME (Print/Type)	THOMAS E. ANDERSON	Registration No. (Attorney/Agent)	31,318
Signature	<i>Thomas E. Anderson</i>	Date	07/26/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

KSR-10082/08

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 10	****	= x \$ 9 =	\$0	or	= x \$ 18 =	\$0
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	*	= x \$ 42 =	\$0		= x \$ 84 =	\$0
Basic Fee (37 CFR					\$375			\$750
Total Filing Fee					\$375			\$750

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ 9 =	\$0	= x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 42 =	\$0	= x \$ 84 =	\$0
Total Additional Fee					\$0		OR	\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is _____.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-1180.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 750 to cover the filing / additional fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Date

Signature of Applicant, Attorney or Agent of Record

THOMAS E. ANDERSON

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patentee: Larry G. Willemssen

Patent No.: 6,453,767

Issue Date: September 24, 2002

Title: ADJUSTABLE VEHICLE CONTROL PEDALS

STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

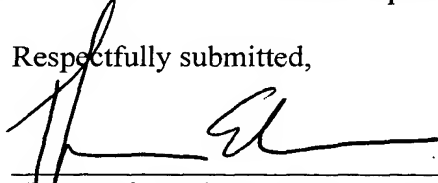
Dear Sir:

Pursuant to provisions of 35 U.S.C. §251 and 37 C.F.R. 1.171-1.179, Applicant hereby respectfully submits a demand for reissue of the above-identified U.S. Patent No. 6,275,992.

Applicant respectfully requests that the above-identified patent be amended to include newly added claims 6-10. Support for the new claims, is found throughout the specification and drawings of the above-identified patent, particularly in Figs. 15-17, as described in column 8, lines 29-67, and column 9, lines 1-65, and column 10, lines 1-35.

Pursuant to this demand for re-issue, claims 1-5 of the above-identified patent are now pending.

Respectfully submitted,



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